

Conference Registration Form

Agency/Facility: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Total Amount Enclosed: _____

If applicable:

IAT: Fund: _____ Org. # _____

Agency: _____

Appropriation Unit: _____

Activity #: _____

Reporting Category: _____

Regular Lunch _____ Vegetarian Lunch _____

Please mark the 3 most preferred workshops you wish to attend:

- _____ Supporting a Person with Challenging Behaviors
- _____ Deafblindness: Etiologies and Implications for Rehab
- _____ The FISH Philosophy
- _____ Live Your Own Sitcom/Stress Management
- _____ Fly Tying: The Challenge
- _____ Victimization of Vulnerable Adults
- _____ Intrathecal Baclofen Therapy
- _____ Medical Issues Surrounding Behavioral Support

If requiring ADA accommodations, please contact Stephanie Nelson at 801-763-4057 by September 1, 2004.

Registration fee: \$35.00 if received before Sept. 1, 2004
 \$40.00 if received after Sept. 1, 2004

Make checks payable to:
USDC Fall Conference

Attention: Stephanie Nelson
895 North 900 East
American Fork, UT 84003
Phone No. 801-763-4057
Fax No. 801-763-4024